

Privacy Act Statement

Authority: USC 5701.37 USC 404-127, EO 9397.31 USC 3332.31 CFR 209 and/or 210
Principal Purpose(s): Used for reviewing, approving accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agents.
Routine Uses(s): To substantiate claims for reimbursement for official travel.
Disclosure: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed and may delay or prevent the receipt of payments through the EFT/DDS programs.

Name: _____
Last First Middle initial

SSN: _____

Activity: NMCB 74

Paygrade: (I.E. E-5, 03, GS9) _____

HOME ADDRESS: STREET, CITY, STATE AND ZIP CODE:

MANDATORY:

FOR EST/DDS payments, please provide the following information:

ACCOUNT TYPE (CHECKING OR SAVINGS) _____

ACCOUNT NUMBER _____

FINANCIAL INSTITUTION NAME: _____

Financial Institution's Routing Transit Number (RTN) available on the bottom of your checks or from your financial institution: _____

Signature _____ Date _____

Your *WORK* phone number: COMM (____) _____ DSN _____
